EXHIBIT G

CERTIFICATION OF MEDICAL RECORDS

I hereby certify and affirm that the attached is a true and complete copy of medical records pertaining to Robert O'Keefe, consisting of 191 pages of medical records kept in the office of Tremont Medical Clinic.

I further certify that, to the best of my knowledge, said records were made in the regular course of business and copied by me or were made available to me by the Custodian of Records _____ of said office for the purposes of copying.

Signed this _____ day of _____, 2011.

_____
Custodian of Records

Sworn to and subscribed before me this _____ day of _____, 2011.

_____
NOTARY PUBLIC

My Commission Expires: _____

CASCINO VAUGHAN LAW OFFICES, LTD

MICHAEL P. CASCINO (IL)
ALLEN D. VAUGHAN (IL)
ROBERT G. McCOY (IL,MO.WI)
JACQUELINE J. HERRING (IL,GA)

220 SOUTH ASHLAND
CHICAGO, ILLINOIS
60607-5308
312-944-0600
312-944-1870 FAX

OF COUNSEL
DONALDJ.BERGER (IN)
MICHAEL A. POLLACK (WI)

rec'd 11-14-07

VIA US MAIL
November 9, 2007

John D. Baer, M.D.,
105 S Locust St.
Tremont, IL 61568

Re: Robert O'Keefe
SSN: [redacted]-3060
DOB: [redacted]/1937

Dear Dr. Baer:

Our firm represents the family of the decedent, Robert O'Keefe, in asbestos litigation concerning his exposure to asbestos.

Review of his treatment records indicate that biopsy attempts were unsuccessful at diagnosing his cancer and the diagnosis of small cell carcinoma of the lung was made based on history of asbestos exposure, radiological findings, and symptomology. However, for settlement purposes we need a diagnosis to a medical degree of certainty that he had lung cancer.

We would ask of you only to create and sign an affidavit that in your expert opinion. Mr. O'Keefe suffered from lung cancer which was caused as a direct result of his asbestos exposure of 49 years as a laborer. See the sample affidavit on the enclosed disk. This affidavit would be **used for out-of-court, bankruptcy settlements and therefore, no court testimony is required by the examining physician.**

For your convenience and review, I have enclosed copies of Mr. O'Keefe's medical records from Pekin Hospital.

Thank you. Should you have any questions, please do not hesitate to call me or Lynn Pochowicz at 1-800-783-0082.

Please send your invoice for this service to my attention at the above address.

Respectfully,

Allen D. Vaughan
adv/lp

12-10-07
Dear Allen Vaughan -
no need to provide affidavit
right now, give Hx small cell CA
+ smoking Hx, He will report if
add'l tx needed. Jois

Verified Work History

I, Nadra O'Keefe being duly sworn, according to law, depose and state as follows:

1. My name is Nadra O'Keefe, and my social security number is [redacted]-9704. I am the personal representative for Robert O'Keefe.

2. I reside at 726 Prince St. Apt 6 Pekin IL 61554.

3. Robert O'Keefe worked as a/an Laborer.

4. To the best of my recollection, the sites listed on Exhibit A are some places he worked.

Nadra Dawn O'Keefe

Signature

Personal Representative for Nadra O'Keefe

Further Affiant Sayeth Naught.

Subscribed and sworn to before me
this 10 day of January, 2007

Mary-Kay Abts

Notary Public

OFFICIAL SEAL
MARY KAY ABTS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:05/14/08

Exhibit A

SSN: [redacted]-3060 Last: O'Keefe First: Robert

Job Site	City	State	First Year	Last Year
Keystone Steel & Wire	Bartonville	IL	1955	1991

ALVIN J. SCHONFELD, D.O., F.C.C.P., F.A.A.D.E.P.

Diplomate, American Boards of Internal Medicine and Pulmonary Disease
NIOSH-Certified "B" Reader
Certified, American Board of Independent Medical Examiners
438 West St. James Place, Chicago, IL 60610 (773) 472-2810

November 1, 2006

Michael P. Cascino, Esq.
Allen D. Vaughan, Esq.
CASCINO VAUGHAN LAW OFFICES, LTD.
220 South Ashland
Chicago, IL 60607

Re: **O'Keefe , Robert**
Social Security: [redacted]-3060
Date of Birth: [redacted]1937

Dear Messrs. Cascino and Vaughan,

This is a physician's report pertaining to your above-referenced client.

Mr. O'Keefe worked primarily as a Steel Worker/Laborer in the state of IL between the years of 1951 and 1991. He has a history of having been exposed to asbestos and asbestos dust during the above mentioned period. Mr. O'Keefe also reportedly was a smoker.

I am a physician certified by the National Institute for Occupational Safety and Health (NIOSH) as a "B" Reader and on 7/26/2006 I read your clients x-rays dated 12/29/2004. The attached report, using the standard ILO roentgenographic reporting system, indicates that your client has **the following condition: Asbestosis.**

In my opinion, given the history of exposure to asbestos and asbestos dust, a more than adequate latency period prior to the chest x-rays, and the well-established relationship between asbestos exposure and the roentgenographic findings, there is a causal connection between the asbestos exposure and the above mentioned condition from which he suffers. In addition, your client is at substantially increased risk for mesothelioma and lung cancer due to asbestos exposure.

Further laboratory and clinical testing may reveal that Mr. O'Keefe suffers significant disability from a more severe asbestos-related condition than indicated by the roentgenographic observations stated above.

Sincerely,

Alvin J. Schonfeld, D.O., F.C.C.P
attachment

ROBERT D'KEEFE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE

DATE OF RADIOGRAPH: MONTH 12 DAY 29 YEAR 2004

CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

WORKER'S Social Security Number: [redacted] 3060

ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING: A [ ] B [X] P [ ]

FACILITY IDENTIFICATION

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY (If not Grade 1, mark all boxes that apply): 1 [ ] 2 [X] 3 [ ] U/R [ ]
[ ] Overexposed (dark) [X] Underexposed (light) [ ] Artifacts
[ ] Improper position [ ] Poor contrast [ ] Poor processing
[ ] Underinflation [ ] Mottle [X] Other (please specify): Scapula

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES [X] Complete Sections 2B and 2C NO [ ] Proceed to Section 3A

2B. SMALL OPACITIES
a. SHAPE/SIZE — PRIMARY: p [ ] s [ ] q [X] t [ ] r [ ] u [ ]; SECONDARY: p [ ] s [X] q [ ] t [ ] r [ ] u [ ]
b. ZONES — R L: UPPER [ ] [ ]; MIDDLE [ ] [X]; LOWER [X] [X]
c. PROFUSION: 0- [ ] 0/0 [ ] 0/1 [ ] 1/0 [X] 1/1 [ ] 1/2 [ ] 2/1 [ ] 2/2 [ ] 2/3 [ ] 3/2 [ ] 3/3 [ ] 3+ [ ]

2C. LARGE OPACITIES: SIZE A [X] B [ ] C [ ] Proceed to Section 3A

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES [X] Complete Sections 3B, 3C NO [ ] Proceed to Section 4A

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site O	Site R	Site L	Calcification R	Calcification L	Extent O	Extent R	Extent L	Width O	Width R	Width L
In profile	[ ]	[X]	[ ]	[X]	[ ]	[ ]	[X]	[ ]	[ ]	[X]	[ ]
Face on	[ ]	[X]	[ ]	[X]	[ ]	[ ]	[X]	[ ]	[ ]	[X]	[ ]
Diaphragm	[X]	[ ]	[ ]	[X]	[ ]	[X]	[ ]	[ ]	[X]	[ ]	[ ]
Other site(s)	[X]	[ ]	[ ]	[X]	[ ]	[X]	[ ]	[ ]	[X]	[ ]	[ ]

Extent (chest wall; combined for in profile and face on): Up to 1/4 of lateral chest wall = 1; 1/4 to 1/2 of lateral chest wall = 2; > 1/2 of lateral chest wall = 3
Width (in profile only) (3mm minimum width required): 3 to 5 mm = a; 5 to 10 mm = b; > 10 mm = c

3C. COSTOPHRENIC ANGLE OBLITERATION [X] L Proceed to Section 3D NO [ ] Proceed to Section 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site R	Site L	Calcification R	Calcification L	Extent R	Extent L	Width R	Width L
In profile	[X]	[ ]	[X]	[ ]	[X]	[ ]	[X]	[ ]
Face on	[X]	[ ]	[X]	[ ]	[X]	[ ]	[X]	[ ]

Extent (chest wall; combined for in profile and face on): Up to 1/4 of lateral chest wall = 1; 1/4 to 1/2 of lateral chest wall = 2; > 1/2 of lateral chest wall = 3
Width (in profile only) (3mm minimum width required): 3 to 5 mm = a; 5 to 10 mm = b; > 10 mm = c

4A. ANY OTHER ABNORMALITIES? YES [X] Complete Sections 4B, 4C, 4D, 4E NO [ ] Proceed to Section 5

4B. OTHER SYMBOLS (OBLIGATORY)
aa [ ] at [ ] ax [ ] bu [ ] cg [X] cn [ ] cu [ ] ep [ ] cv [ ] di [X] cm [ ] es [ ] fr [ ] hi [ ] ho [ ] id [ ] ih [ ] kl [ ] me [ ] ps [ ] pb [ ] pi [ ] rv [ ] rs [ ] tp [ ] tb [ ]
OD [ ] If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D)

4E. Should worker see personal physician because of findings in section 4? YES [X] NO [ ]
Proceed to Section 5

RLZ INFILTRATE / EFFUSION

Date Physician or Worker notified? MONTH 07 DAY 26 YEAR 2006

5. PHYSICIAN'S Social Security Number* [ ][ ][ ] [ ][ ] [ ][ ][ ][ ]
* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

FILM READER'S INITIALS: AJS

DATE OF READING: MONTH 07 DAY 26 YEAR 2006

SCHONFELD, ALVIN J. 438 W. ST. JAMES PL.
LAST NAME - STREET ADDRESS

CHICAGO IL 60614
CITY STATE ZIP CODE

CDC/NIOSH (M) 2.8
REV. 6/02

ASBESTOS SCREENING PACKET

Confidential Attorney-Client Work Product

Cascino Vaughan Law Offices, Ltd.

1-800-783-0081

M:\Screen\Forms\Asbestos Screening Packet 3-2000.wpd

1. Claimant Information:

Name:
Last: O'Keefe First: Robert Middle Initial: V.

Social Security Number: [redacted]3060 Date of Birth: [redacted]/1937

Gender: ☒ Male ☐ Female (If deceased) Date of Death: ___/___/_____

Address: 903 S. 17th St.

City: Pekin State: IL Zip Code: 61554

County of Residence: Tazewell Telephone # (309) 353-9038

Marital Status:
☒ Married
☐ Widowed
☐ Divorced
☐ Separated
☐ Unmarried

If Married:
Spouse's Last Name: O'Keefe
First Name: Nadra Middle Initial: L.
Spouse's Social Security Number: [redacted]9704
Spouse's Date of Birth: [redacted]/1942

Number of Financial Dependants (including spouse if applicable): _____

Please list below all beneficiaries:

1.) Name: Mary B. Reynolds DOB: [redacted]/1963 SSN: [redacted]4495
Address: 1009 So 8th St. Relationship to Claimant: Daughter
City: Pekin State: IL Zip: 61554
Is this person a financial dependant? ☐ Yes ☒ No

2.) Name: Cynthia Nash DOB: [redacted]/1959 SSN: [redacted]7971
Address: P.O. Box 509 Relationship to Claimant: daughter
City: Tremont State: IL Zip: 61568
Is this person a financial dependant? ☐ Yes ☒ No

3.) Name: MARK O'Keefe DOB: [redacted]/1961 SSN: [redacted]5206
Address: P.O. Box 1580 Relationship to Claimant: Son
City: Tremont State: IL Zip: 61568
Is this person a financial dependant? ☐ Yes ☒ No

Please provide the same information for any additional beneficiaries on a separate sheet.

2. Medical History:

Has a physician ever diagnosed you with any of the following? (check all that apply)
Asbestos-related diseases:

- ☐ Asbestosis
- ☒ Primary Lung Cancer
- ☐ Laryngeal Cancer
- ☐ Stomach Cancer
- ☐ Rectal Cancer
- ☐ Asbestos-Related Pleural Disease
- ☐ Malignant Mesothelioma (not Melanoma)
- ☐ Throat Cancer
- ☐ Small Intestine Cancer
- ☐ Colo-Rectal Cancer
- ☐ Esophageal Cancer
- ☐ Pharyngeal Cancer
- ☐ Colon Cancer

Date Disease was Diagnosed: 12/23/2004

Non-asbestos-related diseases:

- ☒ Emphysema
- ☐ Parkinson's Disease
- ☐ Chronic Obstructive Pulmonary Disease (COPD)

☐ Any Other Cancer(s): _____

Date Disease was Diagnosed: ___/___/2000

☐ I have never been diagnosed with any of the above mentioned diseases

Primary Care Physician: ~~Dr. John Baer~~ Dr. Stephen A. Cullinan - F.A.C.P.

Address: 600 South 13th St. Phone: 309-353-0214

City: Pekin State: IL Zip: 61554

3. Personal Representative *(if claimant is deceased)*:

Last Name: O'Keefe First Name: Nadra Middle Initial: L

Social Security Number: ___-___-___ Date of Birth: [redacted]/1942

Relationship to Claimant: Wife

4. Employment History:

Primary Occupation: Keystone Wire Mill From: 1955 To: 1991

Secondary Occupation: St Joseph Church From: 1999 To: 2004

What is your current employment status (check one):

- ☐ Full-time outside the home
- ☐ Part-time outside the home
- ☒ Retired
- ☐ Full-time within the home
- ☐ Part-time within the home
- ☐ Disabled

What was the year you last earned a wage? _____

What was the approximate amount of your wage when last working?

$_____.00 per (circle one:) Hour / Week / Month / Year

Do you receive a pension? ☒ Yes ☐ No
If yes, how much money do you receive monthly? $ 1200.00

5. Exposure History:

Have you ever worked around asbestos? ☒ Yes ☐ No

What do you think is the first year you worked with or around asbestos: 1960

What do you think was the last year you worked with or around asbestos: 1976

In which of the following locations do you believe you were exposed to asbestos during the 1950's, 1960's, and/or 1970's ? (Check all that apply)

☐ Powerhouses ☐ Chemical plants ☐ Refineries ☒ Iron/Steel Mills
☐ Shipyards ☐ Breweries ☐ Paper Mills ☐ Manufacturing Plants
☐ Railroads ☐ Auto-Industry ☐ Construction Sites (commercial)
☐ Construction Sites (residential)
☐ Other : _____

In which state(s) do you believe you were exposed to asbestos:

☒ Illinois ☐ Indiana ☐ Wisconsin ☐ Others:_____

Check any of the following activities that went on around you at the sites you worked:

☒ Tear-out ☐ Demolition ☒ Renovation
☐ New Construction ☒ Clean-up

Did you ever work around Turbines? ☐ Yes ☒ No
If yes, please check the box next to manufacturers of turbines used at your work sites.
Manufacturers:
☐ Westinghouse ☐ General Electric ☐ Other(s):_____

Did you ever work around Boilers? ☐ Yes ☒ No
If yes, please check the box next to manufacturers of boilers used at your work sites.
Manufacturers:
☐ Babcock & Wilcox ☐ Kewanee
☐ Combustion Engineering ☐ Other(s):_____
☐ Foster Wheeler

Check the types of products used at any of the sites you worked:(check all that apply)

☐ Textiles, Felts, or Cloth
☐ Protective Clothing
☐ Wallboard, Wall Covering, Lumber
☐ Roofing, Shingles, Siding
☒ Cement Boards/Sheets
☐ Raw Asbestos Fiber
☒ Asbestos Paper, Rollboard, Millboard
☐ Electrical Products
☐ Chemical Adhesives
☐ Filters
☐ Welding Products
☐ Floor Tile
☐ Cork Products
☐ Home Use Products

☐ Pipe Coverings and Block
☐ Friction/Automotive Materials
☐ Cements, Adhesives, Boiler Coatings
☐ Gaskets, Packing, Sheets, Rope, Wick, Cord, Tape
☐ Plasters, Protective Coating, Fireproofing, Compounds, Paints
☐ Cement/Plastic Pipe
☒ Hot Tops/Steelmaking
☐ Refractory Products

How and where do you think you were exposed to asbestos during the 1950's, 1960's and/or 1970's? (Example: We would remove pipe-wrap in the boiler room before cutting into pipes and breathe in falling particles.)

We would mix up asbestos in a wheelbarrel to spread it on the outsides of the brick (thermal flake) to keep the heat inside

6. Smoking History:

Have you ever been a regular cigarette smoker? ☒ Yes ☐ No
Are you currently a cigarette smoker? ☐ Yes ☒ No

First Year Smoking: 1956 Last Year Smoking: 2000
While Smoking how many packs-per-day did you average? 1 ½
☐ 0-½ ☐ ½-1 ☐ 1 ☐ 1-1½ ☒ 1½-2 ☐ 2 ☐ More: 1½ packs-per-day

7. Union History:

Have you ever been a union member? ☒ Yes ☐ No
If yes:

- Union Name (i.e. Laborers', Electrical Workers, etc.): Independent Steelworkers Alliance

  Local #: _____ City: Bartonville State: Ill.

- Union Name (i.e. Laborers', Electrical Workers, etc.):

  _____

  Local #: _____ City: _____ State: _____

Have you ever been a union officer? ☐ Yes ☒ No

If yes, what position(s) have you held? _____ At which local? _____

8. Coworker Information:

In this section we are asking for information that could lead us to people that may have knowledge that could support your possible claims. Please list as much information as you can regarding coworkers who are currently living.

1. Coworker's Name: Duane Ivey

Coworkers Phone Number: (309) 543-6579

Street Address: RR 2 Sherwood Forest Rd.

City: Havana State: IL Zip: 62644

2. Coworker's Name: Dick Ulrich

Coworkers Phone Number: (309) 266-9108

Street Address: 722 Detroit Ave.

City: Morton State: IL Zip: 61550

Feel free to list additional co-workers on a separate sheet of paper.

Do you know any individuals responsible for ordering products (Purchasing Agents) used at any of the sites at which you worked during the 50's, 60's, 70's or 80's?

☐ Yes (If yes, someone from our office may contact you regarding contacting this individual.)

☒ No